

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

Vagal Nerve Stimulation Techniques For  
Treatment Of Epileptic Seizures

Attorney Docket Number::

011738.00144

Request for Early Publication?::

NO

Request for Non-Publication?::

NO

Suggested Drawing Figure::

Total Drawing Sheets::

11

Small Entity?::

NO

Latin name::

Variety denomination name::

Petition included?::

NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

NO

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Ivan  
Middle Name::  
Family Name:: Osorio  
Name Suffix::  
City of Residence:: Leawood  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 4005 West 124<sup>th</sup> Street  
City of mailing address:: Leawood  
State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Mark  
Middle Name:: G.  
Family Name:: Frei  
Name Suffix::  
City of Residence:: Lawrence  
State or Province of Residence:: Kansas  
Country of Residence:: USA  
Street of mailing address:: 2513 Via Linda Drive  
City of mailing address:: Lawrence

State or Province of mailing address:: Kansas  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 66047

### **Correspondence Information**

Correspondence Customer Number:: 22908

### **Representative Information**

Representative Customer Number:: 22908

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/053,425	11/09/01
10/053,425	Continuation of	09/302,516	04/30/99

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: Medtronic, Inc.  
Street of mailing address:: 710 Medtronic Parkway NE  
City of mailing address:: Minneapolis  
State or Province of mailing address:: Minnesota  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 55432-5604